

**CHRISTOPHER WAYNE LESTER
RECORDS
14-A**



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Tri-State NeuroScience Center, Inc.
2860 3rd Avenue, Suite 10
Huntington, WV 25702
(304) 525-6825

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688171-0001
THROUGH 500688171-0022.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

PANOS IGNATIADIS, M.D., INC.
 DIPLOMATE AMERICAN BOARD OF NEUROSURGERY
 P O BOX 3107
 2828 FIRST AVENUE, SUITE 400
 HUNTINGTON, WEST VIRGINIA 25702-0107
 TELEPHONE 525-8825
 PUTNAM OFFICE 1-757-8891

MEDICAL HISTORYName Christopher W. Hepler

YES NO

 Have you had an operation of any kind?
 If yes, please list

	X
	X
	X
	X
	X
	X
X	
	X
	X
	X
X	

Do you have sugar diabetes?

Do you have high blood pressure?

Have you ever had tuberculosis?

 Do you have any other medical problems?
 If yes, please list

Have you ever had heart trouble?

Do you have problems with breathing?

Do you bleed easily?

Have you ever had liver disease?

Are you allergic to any medicines?

Do you take medication daily?

If yes, please list

Dalibid 500 mg 12 hrs

IF ANY OTHER EXPLANATIONS ARE NECESSARY — USE SPACE BELOW

9/19/95 Letter to Comp

WC-M11F
Rev. 04-95

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

2434074
Gaston Caperton, Governor
Andrew N. Richardson, Commissioner

L21
952830833



10/11/95

PANOS IGNATIADIS MD
2828 FIRST AVENUE, SUITE 400
P.O. BOX 3107
HUNTINGTON WV 25702-1283

RE: Claim No. 950006803
S. S. N. [REDACTED] 3340
D. O. I. 08/10/94
CHRISTOPHER WAYNE LESTER
PO BOX 21
HEWETT WV 25108

TRI-STATE HOME CENTER
DANVILLE INC
P.O. BOX 987
SPENCER WV

25276

Dear Sir/Madam:

WE ARE AUTHORIZING COMPREHENSIVE REHAB ASSOCIATES TO FOLLOW-UP ON
THEIR 10/03/95 REPORT. AUTHORIZATION EXPIRES 06/30/95.

We ask that the rehabilitation consultant keep us informed of all developments in this case and submit reports at least monthly. Only services authorized in this letter may be provided. This authorization will become void if the services are not initiated within thirty (30) days from the date of this letter.

Any party to this claim may protest this decision. Protests must be filed in writing within thirty (30) days from receipt of this decision
---with the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. A---
copy of any such protest must also be served upon the Division, addressed to Director, Legal Services Division, P.O. Box 3922, Charleston, WV 25339-3922, and a copy must also be sent to all other interested parties to this claim.

CC: CHRISTOPHER WAYNE LESTER
CRA
TRI-STATE HOME CENTER
PRABHOND CHINUNTDET MD

Workers' Compensation Division
By: MARY HOFFMAN MA
Rehabilitation Coordinator

500688.171.0003

September 19, 1995

Worker's Compensation
Post Office Box 3151
Charleston, West Virginia 25332

RE: Christopher Wayne Lester
Claim: 950006803
SS #: [REDACTED]-3349
DOI: 8-10-94
Employer: Tri-State Home Center

Gentlemen:

Mr. Lester was seen here for a second opinion. He apparently works as a crew member for a mobile home company. He presents with a history that after lifting about 175 lbs., a 6 ft. 8 x 8 log, he developed back pain. He was found to have a small compression of T/11 with pain in that area. He has been off work since 8-10-94. He denies any injuries in the past. He has had no bladder, bowel, or sexual dysfunction. He has been through a work hardening program as well, and is currently in the process of going through a functional capacity assessment on 9-25-95 and rehabilitation.

He is 23 years of age, a high school graduate. He is 5'7" and weighs 260 lbs.

Examination: Sensorium and memory times three were intact. Pupillary reaction was normal. Extraocular muscles were full. Facial sensation and movements were preserved. Hearing was normal. Voice was appropriate for gender. The palate was contracting symmetrically, and the tongue was protruding in the mid line. The strength of the deltoid, infra and supraspinatus, biceps, triceps, intrinsic muscles, iliopsoas, quadriceps femoris, biceps femoris, dorsiflexors of the toes and feet, and plantar flexion were graded 5 out of 5.

500688.171.0004

Page -2

RE: C. Lester
9-19-95

Sensation to all modalities as well as cerebellar testing were symmetric and equal. Reflexes at the biceps and triceps were 1+, at the knees and ankles 1+. There were no pathological reflexes. There was tenderness to percussion at the T/11 vertebra, and there was full motility on flexion, extension, and lateral rotation.

Xrays: I reviewed x-rays which indeed show evidence of a small compression of less than 10% of the anterior part of the T/11 vertebra which accounts for his symptoms, with concomitant paraspinous muscle sprain in that area.

Impression: It seems to me that he cannot return to his previous employment. He should go through a functional capacity assessment, and I do agree with the assessment of the independent examiner as far as percentage of disability. He is not a candidate for surgical intervention.

Thank you for asking me to see him.

Sincerely,

Panos Ignatiadis, M.D.

PI/mas

CC: Jacqueline Cox
CRA

WC-M544
Rev. 04-95

WC8 Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

243407-4

Gaston Caperton, Governor
Andrew M. Richardson, Commissioner



09/20/95

PANOS IGNATIADIS MD
2828 FIRST AVENUE, SUITE 400
P.O. BOX 3107
HUNTINGTON WV 25702-1283

RE: Claim No. 950006803
S. S. N. [REDACTED] 3340
D. O. I. 08/10/94
CHRISTOPHER WAYNE LESTER
PO BOX 21
HEWETT WV 25108

TRI-STATE HOME CENTER
DANVILLE INC
P O BOX 987
SPENCER WV 25276

Dear Sir/Madam:

This claim came on again this day to be considered upon the entire record, particularly upon the Division's notice dated 08/10/95 informing the claimant the above-styled claim may be closed on a temporary total disability basis unless sufficient evidence was submitted within thirty (30) days of receipt of said notice justifying the continued payment of temporary total disability benefits. As it now appears that sufficient evidence to justify the payment of additional temporary total disability benefits has not been received, it is hereby ordered that this claim be closed on a temporary total disability basis.

Any party to this claim may protest this decision. Protests must be filed in writing within thirty (30) days from receipt of this decision with the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. A copy of any such protest must also be served upon the Division addressed to Director, Legal Services Division, P.O. Box 3922, Charleston, WV 25339-3922, and a copy must also be sent to all other interested parties to this claim.

CC: CHRISTOPHER WAYNE LESTER
TRI-STATE HOME CENTER
PRABHOND CHINUNTDET MD

Workers' Compensation Division
By: GREGORY HUGHES

500688.171.0006



*Verb
Appt 9-19 94*

August 31, 1995

Panos Ignatiadis, M.D.
P.O. Box 3107
Huntington, WV 25702-0107

Re: Christopher Lester
SSN: [REDACTED]-3340
DOI: 8/10/94

Dear Dr. Ignatiadis:

CRA has been asked by West Virginia Workers Compensation to provide services to Mr. Lester. I understand Mr. Lester has been scheduled for an evaluation with you on 9/19/95. We anticipate having an orthopedic evaluation report from Dr. Henry Hills prior to 9/19 and will forward a copy to you. Enclosed are records from Dr. Chinuntdet.

Could you please forward CRA a copy of your report?

If you have any questions regarding this letter, you are welcome to call me. Thank you for your opinion and anticipated cooperation in this case.

Sincerely,

Jacqueline Cox
Jacqueline Cox, M.Ed, CRC
Rehabilitation Specialist

JC/skg

cc: Mary Hoffman, Rehabilitation Coordinator, WWCD
Greg Hughes, Claims Manager, WWCD

Enclosure: Consent Form



CRA
MANAGED CARE, INC.

PROFESSIONAL CONSENT

RE: Christopher W. Lester
SSN: ██████ 3340
DOB: ██████/71
DOI: 8/10/94
CLAIM NO. 950006803

I authorize CRA Managed Care, Inc. to be permitted to:

1. Review and obtain copies of all medical, psychiatric, hospital, vocational, and other records pertaining to this occupational injury or any prior related injury or disease.
2. Discuss my case and obtain reports from physicians and allied health professionals providing treatment or evaluation due to this occupational injury or any prior related injury or disease.

I authorize physicians and allied health professionals to discuss my case with and provide written reports and records to CRA Managed Care, Inc. related to this occupational injury or any prior related injury or disease. This may include detailed information as to my condition, treatment plan, prognosis, and anticipated dates for maximum medical improvement and return to work.

I further give permission to CRA Managed Care, Inc. to share the information so received with my treating physicians, independent medical evaluators and West Virginia Workers Compensation.

A photocopy of this form may be accepted as the original.

This authorization is valid for 90 days from the date of signature.

Signature Chris Lester
Date 7-26-95

Witnessed Jacqueline Cox

Logan General Hospital

AUG 18 1995

Rehabilitation Services Department
20 Hospital Drive
Logan, WV 25601
304-792-1526

Christopher Lester
PO BOX 21
Hewett WV 254108

Claim No: 950006803
SSN: [REDACTED] 3340
DOI: 8-10-94

Dear Mr. Lester,

You have been referred to us for a Functional Capacity Evaluation. Your appointment is as follows:

DATE: September 25, 1995 TIME: 1:00 pm

We are located on the first floor of the Kruger Medical Plaza. It is the 4-story building up the hill from the hospital just before you reach the Doctor's Park.

On your appointment date, please come 15 minutes early and go to the outpatient clinic on the left side of the first floor. At the appointment time, you will then be taken to our Functional Capacity Evaluation area, where Lisa Zielke, OTR-L will see you for your evaluation.

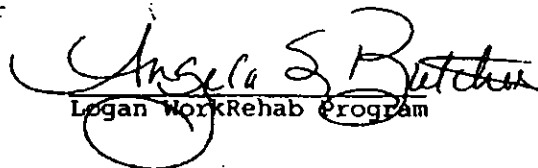
You should wear the following:
Tennis shoes and socks
Comfortable shorts or sweats
T-shirt

You may arrive in street clothes, but please bring these testing clothes with you. We will provide a place to change.

The purpose of the Functional Capacity Evaluation is to do objective physical testing on work abilities. We will be looking at your activity in such areas as lifting, pushing, pulling, sitting and standing. There are 29 items, and the test takes a total time of approximately (2) hours. The testing will be done by a registered therapist, and only safe procedures will be used. The therapist will answer any specific questions you have about the testing. If you have any questions regarding the appointment time, location, or the test, please contact us. We look forward to seeing you for the Functional Capacity Evaluation.

Sincerely,

cc: Mary Hoffman, Sr. Rehab Counselor
Jack Cox
Dr. Chenuntdet


Logan WorkRehab Program

THE PEOPLE of LOGAN GENERAL HOSPITAL

500688.171.0009

8-7-95

Christopher Lester - ^(dictation) papers copied for Turner's Corp. R. Starcher

8-7-95

Christopher Lester

He continues to have some pain in his lower back. This has not changed. He said that he is on PT writing. He said that it helps him very little with writing and using his hand. At the same time he can do either hand or exercise with his bicycling alone. His finger to toe is 18 inches. His ankle and knee reflexes are equal. He still has little or no muscle spasm today. The worker from CRA manage care was also with him today. Will help facilitate for him to go for an evaluation at Logan to determine what type of work he can do. He is to continue his PT until he has the evaluation. He is to return in 4 weeks or sooner if needed for his pain medication, etc.

PC/rs

nc

8-14-95 - copies made for pt. to take to Worker's Compensation. R. Starcher.

Prabhond Chinuntdet, M.D.
623 Madison Avenue
Madison, WV 25130

Re: Christopher Lester
SSN: 233-15-3340
File: 950006803

500688.171.0010

6-9-95

Dr. Prabhond Chinundet
623 Madison Avenue
Madison, WV 25130

Christopher Lester

He continues to complain of pain in his lower back, and knot on his Rt. knee ~~probably~~ and indurated area in the front of the patella area. He said his getting and authorization from Compensation to change doctors but he just he wants to have an examination by Dr Lomil but he doesn't need to change doctors for just 1 examination. His examination today showed moderate limitation of flexion and extension of lumbar spine. Continue PT. Return in 2 weeks.

PC/cr

6-26-95

Christopher Lester

He complain of back pain right and left knee and sometimes his leggs give out. He says Compensation wants us to refere him to a orthopedic surgeon and he should be getting and authorization soon, he has been under going a work hardening program, he says its not going very well. His fingers and toes are about 12 inche, his lower extremities reflexs are normal and equal. He is to continue his work hardening program. Return in 2 weeks. Possibly to return to work in 2 to 4 weeks.

PC/th

7-10-95

Christopher Lester

He came in for follow up of back injury. He has a compression fracture of the T-11 from an old injury. He has been coming to office since 1994, from an injury at work. He has been having back pain and pain in his knee, this other injury is not associated with his back. However he continues to complain of his knee giving out. We discussed about him going back to work and he said he may not have a job any more with the present employer. He said Compensation is going to send him to a rehabilitation program to train him for another job, his appointment for rehabilitation is later this month. He claims that Compensation wants me to send him to a orthopedic surgen again. General condition has not changed and has not improved or deteriorated. I persume he is doing as well as he can. His compression fracture has healed. He should be ready for disability rating, also to go back to work if he has a job or can be rehabilitated or trained for another job. Please send a copy to Compensation.

PC/th

7/12/95 Sent out copy of office notes on 7-10-95
to Comp. JH

7/11/95 Sent out Attendance Physician's Permit to NMD.

PRABHOND CHINUNDET, M.D.
623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME

Christopher Dexter

AGE

ADDRESS

R

PT to back 3 times
g-2000
(compression) for 11
for degeneration dent

REPEAT () TIME'S
NON-REPEAT ☐
REG #

P. Chin M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

REORDER # 630304310

PRABHOND CHINUNDET, M.D.
623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME

Christopher Dexter

AGE

ADDRESS

DATE

R

Continue PT for up to
+ more neck

REPEAT () TIME'S
NON-REPEAT ☐
REG #

P. Chin M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

REORDER # 630304310

500688.171.0012

PRABHOND CHINUNTDET, M.D.

623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME

Christopher Lester

AGE

ADDRESS

DATE

3-6-95

R

Continue PT 7-4 well

REPEAT () TIME'S
NON-REPEAT ☐
REG #

P. Ch

M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN, IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

REORDER # 82004310

PRABHOND CHINUNTDET, M.D.

623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME

Christopher Lester

AGE

ADDRESS

DATE

3-15-95

R Continue PT 2-4 well

REPEAT () TIME'S
NON-REPEAT ☐
REG #

P. Ch

M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN, IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

REORDER # 82004310

500688.171.0013

PRABHOND CHINUNTDET, M.D.
623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME

Leslie Christopher

AGE

ADDRESS

DATE

4-24-95

R

TC PT
work: teaching
program 7 weeks

REPEAT () TIME'S
NON-REPEAT ☐
REG#

C. Chinuntdet M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN. IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

REORDER # 830304310

PRABHOND CHINUNTDET, M.D.
623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME

Chris Lerlu

AGE

ADDRESS

DATE

R

continue PT & work
teaching program
7-4 more weeks

REPEAT () TIME'S
NON-REPEAT ☐
REG#

C. Chinuntdet M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN. IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

REORDER # 830304310

500688.171.0014

PRABHOND CHINUNTDET, M.D.

623 MADISON AVENUE
MADISON, WV 25130

TELEPHONE 369-2051

DEA NO. AC2992027

PATIENT NAME Christopher Lester AGE 6-9-91

ADDRESS _____ DATE 6-9-91

R

continue PT 3 / week
4 mo week

REPEAT ☐ TIMES
NON-REPEAT ☐
REG #

P. Chinuntdet M.D.

THIS PRESCRIPTION MAY BE FILLED WITH A GENERICALLY EQUIVALENT DRUG PRODUCT UNLESS THE WORDS "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" ARE WRITTEN, IN THE PRACTITIONER'S OWN HANDWRITING, ON THIS PRESCRIPTION FORM.

RECORDER # 530004310

Boone Memorial Hospital

DEA No. _____

Phone 369-1230

PATIENT'S NAME Christopher Lester

ADDRESS _____

R

continue PT

REPEAT ☐ TIMES
NON REPEAT ☐

DATE _____

REG. NO. _____

P. Chinuntdet M.D.

"This prescription may be filled with a generically equivalent drug product unless the words 'Brand Necessary' or the words 'Brand Medically Necessary' are written, in the practitioner's own handwriting, on this prescription form."

701 MADISON AVE.
MADISON, WEST VIRGINIA 25130

500688.171.0015

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON, WV 25130

SUBJECTIVE: Christopher Lester, white male, age 23, diagnosis of compression fracture T11 and also low back pain, degenerative disc. Patient states he is having constant dull ache pain in low back, thoracic spine region, and also down into right leg. Burning is noted in the low back and also tingling and numbness in right leg. When right leg becomes numb, leg gives out periodically. Patient states pain is located along the lower T-spine region and also lower lumbar spine region. Pain level is 8/10. Patient states his pain has been the same since the injury. Patient states the positions that cause the most pain are any positions that he remains in for long time. Mornings and late evenings are the worse time for pain. Patient states pain has moved from original area in low back and has traveled down right lower extremity.

History: Patient on 8/10/94 was carrying approximately 150 lb footer and he twisted left ankle and fell on his right hip. Footer bounced on his shoulder a few times. Patient went to the ER receiving x-rays noting T11 compression fracture. Patient was recommended to have complete bedrest until 12/2/94. He wore a back brace and also walked with a cane periodically. Patient is in chronic stage of pain.

Medications: Darvocet, approximately 2-3 per day.

Social History: Patient sets up mobile homes requiring lifting and carrying. He is currently off work due to this injury.

Past medical history: Patient denies any high blood pressure, diabetes, history of surgery or cancer. Patient also denies any similar problems with lumbar spine or thoracic spine.

OBJECTIVE:

Sensation: Patient has decreased sensation along the right thoracic spine approximately from T8 to L2 to light touch.

Reflexes: Lower extremities equal bilaterally.

Handwritten:
Sent
11-11-95
GPA

500688.171.0016

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON, WV 26130

PT EVALUATION

RE: Christopher Lester

Page two

Range of Motion: Sitting SLR negative bilaterally, full range of motion. Trunk ROM - flexion 20 degrees, positive pain; extension 10 degrees, positive pain.

Strength: Knee flexion on right is 3+/5, positive pain; left 5/5, negative. Knee extension 3/5 on right, positive pain; left 4/5, negative. Positive mid back pain. Dorsiflexion 4+/5 bilaterally, positive low back pain.

Palpation: Patient has increased muscle tenderness along right thoracic spine region extending from T8 to approximately L2. Lumbar spine pain also noted on right musculature and into right SI joint and gluteal. Increased muscle tone noted with multiple trigger points.

PLEASE NOTE: Was unable to complete thorough exam due to patient's complaint of pain with all tests and movements. Will regain and attempt to complete the evaluation through treatments.

ASSESSMENT:

Problem List: Increased pain, decreased ROM of lumbar spine, decreased strength, increased muscle tone and trigger points.

Long Term Goals:

1. Patient's pain will decrease by 90%.
2. Patient's trunk range of motion will be WNL.
3. Patient's strength will increase to 5/5 for lower extremity.
4. Patient will return to functional activities.

Short Term Goals:

1. Patient's pain will decrease by 50%.
2. Patient will be independent with exercise program.

500688.171.0017

BOONE MEMORIAL HOSPITAL
701 MADISON AVENUE
MADISON, WV 25130

PT EVALUATION

RE: Christopher Lester

Page three

3. Patient will increase range of motion by 50%.
4. Patient will increase strength by 50% of right lower extremity.

TREATMENT PLAN: Patient will receive moist heat to the lumbar spine region and thoracic spine region, electrical stim and ultrasound to lumbar spine region, massage to T-spine and L-spine region, and also an exercise program.

Thanks for your referral.

EJ:jo

Elaine Jefferson P.T.
Elaine Jefferson, PT

500688.171.0018

Boone Memorial Hospital

701 MADISON

MADISON, WEST VIRGINIA 25130

Phone 349-1230

PROGRESS REPORT

Modalities:

☒ Hot Packs☒ Ultrasound☒ Electric Stimulation☐ Acupuncture☐ WhirlpoolPATIENT NAME: Chris FosterPROBLEM/DIAGNOSIS: Compression Fr T11INITIAL EVAL. DATE: 1-10-95Today's Date: 3-16-95Number Visits: 25☐ Ice Massage/packs☐ Traction (cervical)☐ Traction (Lumbar)☐ TENS☒ Other: massage

Therapeutic Exercises:

☐ Strengthening exercises☐ Manual:☒ Flexibility exercises☐ Muscle energy tech☐ Endurance exercises☒ Joint mobilization☐ Postural exercises☐ Other:Progress to date: ☐ resolved ☒ Improved ☐ Status quo ☒ Worse

Specific Comments: Pl. was performing trunk rot - light at midrange
On 3-7-95 Pl. came to P.T. stating he had 1 m. w/ BP could not
perform exercise. Pl. on 3-10-95 Pl. came to P.T. stating
he had pain. Told pt. to hold on and we would wait
Recommendations: TENS unit for home use - on 3-16-95

Thank you,

Chris Jefferson PT

Physician Comments

Doctors: Please return a copy of this form to our office as soon as possible.

Wendy
Sisk
and

WC-M541D
Rev. 10-08-92
WC6

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Temp 9-19
(94)
Gaston Caperton, Governor
Andrew N. Richardson, Commissioner

C20
952280951



08/17/95

PANOS IGNATIADIS MD
2828 FIRST AVENUE, SUITE 400
P.O. BOX 3107
HUNTINGTON WV 25702-1283

RE: Claim No. 950006803
S. S. N. [REDACTED] 3340
D. O. I. 08/10/94
CHRISTOPHER WAYNE LESTER
PO BOX 21
HEWETT WV 25108

TRI-STATE HOME CENTER
DANVILLE INC
P O BOX 987
SPENCER WV 25276

Dear Sir/Madam:

The Attending Physician's Report (WC219), dated 08/10/95 cannot be used as a basis for paying temporary total disability benefits as: TTD BENEFITS WERE SUSPENDED BY LETTER DATED AUGUST 10, 1995. FURTHER CONSIDERATION WILL BE GIVEN TO REINSTATING TTD BENEFITS UPON RECEIPT OF THE REPORTS FROM DR. PANOS IGNATIADIS AND DR. HENRY HILLS.

This is official notice that payment of benefits will be suspended unless we receive sufficient updated medical evidence to warrant further adjustment of temporary total disability benefits.

CC: CHRISTOPHER WAYNE LESTER
TRI-STATE HOME CENTER
PRABHOND CHINUNTDET MD

Workers' Compensation Division
By: GREGORY HUGHES

500688.171.0020

WC-M11
Rev. 04-95
WC6

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Temp 9-19
Gaston Caperton, Governor
Andrew N. Richardson, Commissioner

C01
952270957



08/16/95

PANOS IGNATIADIS MD
2828 FIRST AVENUE, SUITE 400
P.O. BOX 3107
HUNTINGTON WV 25702-1283

RE: Claim No. 950006803
S. S. N. [REDACTED] 3340
D. O. I. 08/10/94
Auth. No. 952270957
CHRISTOPHER WAYNE LESTER
PO BOX 21
HEWETT WV 25108

TRI-STATE HOME CENTER
DANVILLE INC
P.O. BOX 987
SPENCER WV

25276

Dear Sir/Madam:

PER THE CLAIMANT'S AUGUST 15, 1995 TELEPHONE REQUEST, THIS LETTER WILL SERVE AS AUTHORIZATION FOR A ONE-TIME CONSULTATION WITH DR. PANOS IGNATIADIS FOR THE LOW BACK INJURY. DR. IGNATIADIS: PLEASE PROVIDE A DETAILED MEDICAL REPORT GIVING YOUR RECOMMENDATIONS FOR FUTURE TREATMENT. PLEASE CONTACT: GREG HUGHES, TELEPHONE 926-5264 IF ANY ASSISTANCE IS NEEDED.

This authorization will become void if the services are not carried out within ninety (90) days of the date of this letter.

Should it later be determined the services herein authorized are not reasonably related to the claimant's compensable injury or if the claimant's application for compensation is later rejected by this Agency, payment of medical benefits will be subject to recovery.

~~Any party to this claim may protest this decision. Protests must be~~
filed in writing within thirty (30) days from receipt of this decision with the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. A copy of any such protest must also be served upon the Division addressed to Director, Legal Services Division, P.O. Box 3922, Charleston, WV 25339-3922; and a copy must also be sent to all other interested parties to this claim.

CC: CHRISTOPHER WAYNE LESTER
TRI-STATE HOME CENTER
PRABHOND CHINUNTDET MD

Workers' Compensation Division
By: GREGORY HUGHES

500688.171.0021

WC-M11F
Rev. 04-95

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, West Virginia 25304-1964

Temp 9-19-95
(94)
Gaston Caperton, Governor
Andrew N. Richardson, Commissioner

L21
952271101



08/16/95

PANOS IGNATIADIS MD
2828 FIRST AVENUE, SUITE 400
P.O. BOX 3107
HUNTINGTON WV 25702-1283

RE: Claim No. 950006803
S. S. N. [REDACTED] 3340
D. O. I. 08/10/94
CHRISTOPHER WAYNE LESTER
PO BOX 21
HEWETT WV 25108

TRI-STATE HOME CENTER
DANVILLE INC
P O BOX 987
SPENCER WV

25276

Dear Sir/Madam:

WE ARE AUTHORIZING COMPREHENSIVE REHAB ASSOCIATES TO FOLLOW UP ON THEIR 8/10/95 REPORT, HOWEVER CRA IS ADVISED TO CONTACT TEAM 9 BOONE COUNTY, FOR FCE AND IME EVALUATIONS, BEFORE BOONE CO TEAM CAN ESTABLISH THE NEED FOR FUTHER REHAB SERVICES. AUTHORIZATION EXPIRES 10/30/95. THIS CASE WILL NOT BE EXTENDED FOR CRA, IF CLAIMANT REMAINS MEDICALLY UNSTABLE ON 10/30/95.

We ask that the rehabilitation consultant keep us informed of all developments in this case and submit reports at least monthly. Only services authorized in this letter may be provided. This authorization will become void if the services are not initiated within thirty (30) days from the date of this letter.

Any party to this claim may protest this decision. Protests must be filed in writing within thirty (30) days from receipt of this decision with the Office of Judges, P.O. Box 2233, Charleston, WV 25328-2233. A copy of any such protest must also be served upon the Division addressed to Director, Legal Services Division, P.O. Box 3922, Charleston, WV 25339-3922, and a copy must also be sent to all other interested parties to this claim.

CC: CHRISTOPHER WAYNE LESTER
CRA
TRI-STATE HOME CENTER
PRABHOND CHINUNTDET MD

Workers' Compensation Division
By: MARY HOFFMAN MA
Rehabilitation Coordinator

500688.171.0022



STYLE OF CASE: Michael W. Harris, et al.
vs.
Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Henry M. Hills, Jr., M.D.
264 Baker Lane, Suite 2115
Charleston, WV 25302
(304) 342-5364

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688076-0001
THROUGH 500688076-0011.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

Case No. C-1-01-428

Michael W. Harris : Southern District Court
vs. : County of Hamilton
Purdue Pharma L.P., et al : State of Ohio

Records pertaining to: **Christopher Wayne Lester**

Custodian of Records For: **Henry M. Hills, Jr., M.D.**

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

H. M. Hills, Jr. M.D.
AFFIANT

Debra Buttrick
WITNESS

8-29-03
DATE

H. M. HILLS, JR., M.D.
N.A.D.E.P. ----- A.A.O.S.
 UNION SQUARE - 1 MONONGALIA
 CHARLESTON, WV 25302

Phone: 343-5144

Date: <u>1/5/95</u>		Payment Classification	
NAME: <u>CHRISTOPHER WAYNE LESTER</u>	COMP: CL#: <u>95 0006803</u>		
Date of Birth: <u> </u> /71	Age: <u>23</u> Sex: <u>m</u>	div.	
Street Add: <u>P.O. BOX 21</u>	DOI: <u>08/10/94</u>		
City & State: <u>HEWETT, WV 25108</u>	SS#: <u> </u> 3340		
Telephone: <u>369 2432</u> (<u>369 3610</u>)	UMW: FILE#: <u> </u>		
Employer: <u>TRI-STATE MOBILE HOMES</u>	OTHER: <u> </u>		

 FOR:

1/5/95 Comp exam - see ltr. of this date/HMH/er
 xc: patient, employer, Dr. Chinuntdet
 (not ready for rating)

8/24/95 Comp Exam - see letter to Comp -10% PPD - radiculopathy-
 sciatic irritation HMH/tlc/ bmd

500688.076.0001

AFFILIATED BEHAVIORAL CONSULTANTS

P.O. Box 164

Wilmette, Illinois 60091

FAX: 1-708-251-9240

LOW BACK PAIN

SYMPTOM CHECK LIST

FOR PHYSICIAN USE:

Physician's Name _____

H. M. [unclear] JR. MD
JURIC-EGORIAN & MONAGHAN
CHARLESTON, WV 25302
(304) 343-5144

Address _____

Diagnostic Impression _____

FOR PATIENT USE:

Patient's Name Lester Christopher W Age 23 Sex M
(Print: Last, First Middle Initial)

Date 1-5-95 Highest Grade Completed in School 12 Race White

Occupation: Set Crew - Mobile Homes

How long have you had LOW BACK PAIN? 8-10-94

Are you WORKING? (Check ONE)

☒ Not Working ☐ Working Now

Does your job involve MANUAL LABOR? (Check ONE)

☐ None ☐ Minimal ☐ Moderate ☒ Heavy

Were you INJURED? (Check ONE)

☒ At work ☐ In accident — NOT work related ☐ NOT injured

TIME OFF WORK: Fill in below

____ Days OFF 3 1/2 Weeks OFF 4 Months OFF

IF NO DAY OFF WORK...CHECK BOX HERE ☐

Is this a WORKMENS COMPENSATION CASE? ☒ YES ☐ NO

Is LITIGATION PENDING? ☐ YES ☒ NO ☐ NOT APPLICABLE

Have you had a BACK OPERATION? ☐ YES ☒ NO

If Yes, how many? _____

Have you tried to RETURN TO WORK? ☐ YES ☒ NO ☐ NOT APPLICABLE

If YES, ☐ WITH or ☐ WITHOUT restrictions (Check ONE).

INTENSITY RATING

We need a more accurate idea of how severe your pain is. On a scale of 0 to 100, in which 0 is no pain at all, and 100 is the most severe pain that you can possibly imagine, what number would you give your average pain over the last few days? What is your average pain these days?

Please estimate your pain and place your answer here: 95

Turn to other side and read the instructions carefully

500688.076.0002

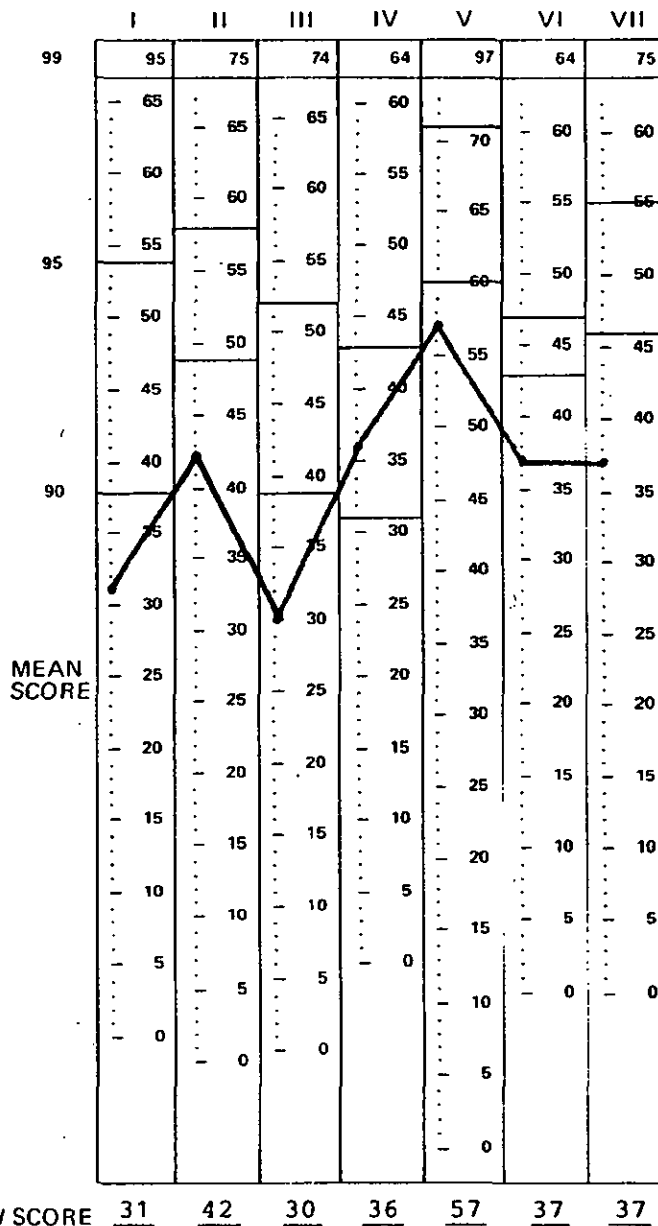
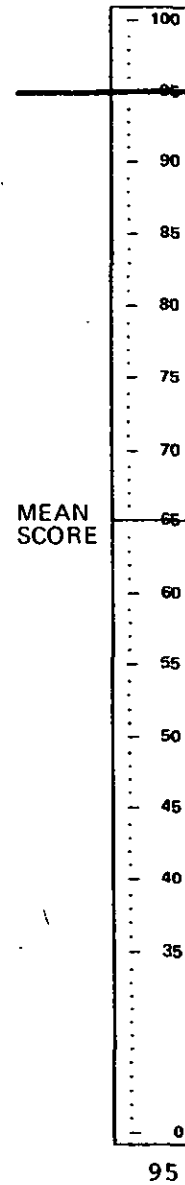
LOW BACK PAIN EVALUATION PROFILE

PATIENT'S NAME LESTER, CHRISTOPHERDATE JAN. 5, 1995PHYSICIAN H. M. HILLS JR., M.D.

Mixed psychogenic pain score. Organic disease and psychological disturbance often present together with this pattern.

PERCENTILE**
RANK

PAIN SCALES

PAIN
INTENSITY

PROBABILITY OF A SIGNIFICANT EMOTIONAL COMPONENT:

☐ LOW☐ INDETERMINATE☒ HIGH*

H. M. Hills, Jr. M.D.

Orthopedic Surgeon

F.A.C.S. - A.A.O.S.

Union Square - 1 Monongalia

Charleston, WV 25302-2376

(304) 343-5144

FAX# 343-1738

FELLOW

American
Academy
Disability
Evaluating
Physicians

FELLOW

National
Association
Disability
Evaluating
Professionals

1/5/95

State of West Virginia
Workers' Compensation Fund
601 Morris St.
Charleston, WV 25301

Att: YA

Re: CHRISTOPHER LESTER
CL#: 95 0006803
DOI: 08/10/94
SS#: [REDACTED] 3340

Dear YA:

This patient was examined on 1/5/95 at your request.

History was obtained of his having been injured on 8/10/94 when he turned his left ankle over and fell in a hole and had with that a low back injury and he also had pain in the left ankle.

He was seen at Boone Memorial Hospital. X-rays were taken showing compression fracture of D11. He was treated with conservative treatment and a hyperextension back brace. X-rays of the ankle were negative. The patient is still wearing his back brace when outside doing activities or when riding in a car. He is still seeing Dr. Chinuntdet at intervals.

According to the reports and to the patient there were several fractures of the lower dorsal and the upper lumbar spine (exact number could not be determined from the notes sent to me).

PAST MEDICAL HISTORY: No surgery or admissions.

REVIEW of SYSTEMS: Eyes negative. The ears, nose and throat show earaches and he has a lot of nasal stuffiness and the respiratory system is negative. He has no precordial pain but has pain in the epigastric area, no shortness of breath or high blood pressure. The GI system shows a lot of indigestion and heartburn and he has some diarrhea. The GU system shows frequency and he has to get up at night, to void, usually 2-3 times a night. The patient has difficulty controlling urine on heavy coughing and/or sneezing.

In general, he worries a lot about his health and usually feels tired and worn out and he is depressed a lot of the time.

500688.076.0004

Workers' Compensation Fund

-2-

Re: Christopher Lester

PERSONAL HABITS: No tobacco or alcohol; drinks 1-2 cups of coffee a day. He is taking mild pain relievers - over-the-counter type, as needed, particularly Tylenol. Takes Darvocet N100 occasionally.

FAMILY HISTORY: Parents well at this time .. father has had a heart attack in the past with open heart surgery; three sisters and one brother active. The grandparents are deceased but he does not know the cause of their deaths.

WORK HISTORY: Graduated from high school and started working in a lumber yard for about four months; then went to Ohio and worked as an electrical lineman for six months; then went into timbering for about three months; then worked in NC in a lumber yard for about six months; then at Tri-State Mobile Homes until the injury of 8/10/94 and has had no work since then.

He is to start on physical therapy and exercises in the near future.

CHIEF COMPLAINTS: (1) pain in the mid and low back areas (2) sudden sharp pain in the epigastric area with twisting or turning (3) pain referral from the back down to the calf area on the right leg (4) numbness in the right leg, off and on (5) stiffness in the back (6) with the weakness in the right leg he has fallen on several occasions and as result uses a cane. The patient has had some difficulty controlling his bladder, not so much with the bowels, but soils himself with the loss of urine occasionally.

PHYSICAL EXAMINATION: This patient is 5' 7 1/2" tall weighing 255 pounds with his clothes on. Examination shows the patient walking slowly and cautiously protecting his back. He has pain with weight bearing on the right leg, particularly so with walking on toes or heels and then he has pain extending down the entire right lower extremity; worse with walking on the toes than with the heels but bothers with both.

Likewise, he is able to do a partial deep knee bend (approx. 40% of normal) and then has to stop because of pain in the low back and mid back as well.

Examination of the back shows the patient standing with good posture. The pelvis is level and the spine straight. He is much too heavy. He has marked tenderness at the dorsal-lumbar junction and has tenderness also at the lumbosacral joint area, no bony deformity palpated or muscle spasm however. He has forward flexion of 40° with 15° of that occurring through the pelvis and hips and the remainder through the spine itself. He has hyperextension of 20° with pain in the mid and low back area. He has side bending (R) and (L) of 20° with pain in the low back. Straight leg raising test is 45° on the (R) with positive Lasegue's test in that it causes some pain from the low back into the right buttocks but not down the leg. He has straight leg raising on the (L) of 60° with pain also in the mid back on testing. Various sacroiliac tests are markedly positive on the (R) and moderately positive on the (L). He has flexion of the right hip only to 80° with pain in the back area and of the left hip to 120° before distress. Reflexes are intact to the lower extremities. Circulation is good with pulsations present.

500688.076.0005

Workers' Compensation Fund

-3-

Re: Christopher Lester

The patient has good power of dorsiflexion of the great toes; however, dorsiflexion of the great toe on the (R) causes pain in the right leg. He has some diminution to pin prick sensation over the dorsum of the right foot, not completely absent, but diminished.

Length of lower extremities - measuring from the umbilicus to the internal malleolus: 38 7/8" bilaterally. Circumference of calves: 18" (R) and 17 3/4" (L).

Examination of the left ankle shows swelling at this time. He has some tenderness over the lateral ligament of the ankle. Has relatively good range of motion of the ankle but without particular pain or distress but the ankle feels weak to him at times and creels over easily. The patient denies having trouble with his low back prior to this particular injury of 8/10/94.

X-RAYS: (taken at Boone Memorial Hospital reviewed) - there is minimal compression fracture of the body of D11 and progressive films were taken up to good firm union of the vertebral body with minimal compression.

X-rays taken also fo the lumbosacral spine (obliques) show no evidence of bonr or joint pathology, no fracture. The disc spaces are normal. There is no evidence of defect in the neural arches and the sacroiliac joints are open.

X-rays were then taken of the ankle (today) showing lateral ligament damage to the left ankle and ap., lat., and obls. show no evidence of fracture or dislocation and inversion stress views normal showing good strength of the lateral ligament of the ankle.

A low back pain evaluation profile was run on this patient showing a mixed psychogenic pain score, organic disease and psychological disturbance often present together with this pattern. He has a relatively high emotional component.

OPINION: This patient has not reached maximum degree of recovery. He is making progress. He needs to get rid of the brace and start on an exercise program for his back to build up the muscle strength in the back and in the trunk muscles. He is much too heavy. He is overweight by about 60-75 pounds and it would help considerably if he would lose a good 50 pounds and he would improve faster. He has solid, firm union of the fracture and the only thing that is bothering him now is the pulling on the scar tissue where he had the fracture and he needs to execise and stretch that to get to functioning again.

I would say that he needs a good strong physical therapy back program to get functioning again and into the work force. I don't think he will be ready for a PPD rating for 4-6 months.

HMH/er

xc: patient, employer, Dr. Soulsby

Yours Sincerely,

H. M. Hills, Jr., M.D.
H. M. HILLS, Jr., M.D.

500688.076.0006

SERVICES INVOICE

Workers' Compensation Fund
P.O. Box 3151, Charleston, WV 25332



DO NOT WRITE
IN THIS SPACE

WC-400 Rev. 12-89

(K) ☐ Dental
(N) ☐ Nursing Home
(P) ☒ Practitioner
(R) ☐ Vocational Rehabilitation
(V) ☐ Other Medical Vendor

1. CLAIMANT NAME (Last, First, and Middle Names) <i>Lester, Christopher</i>			2. CLAIMANT ADDRESS (Street or PO Box, City, State, and Zip Code) <i>P.O. Box 21- Newett, W.V. 25108</i>				
3. EMPLOYER BUSINESS NAME <i>Iri State Home Ctr.</i>			4. EMPLOYER MAILING ADDRESS <i>% Comp</i>				
5. CLAIMANT SOCIAL SECURITY NO. <i>[REDACTED] 3340</i>			6. DATE OF INJURY <i>08.10.94</i>		7. CLAIM NO. <i>950006803</i>		
8. REFERRING PHYSICIAN'S PROVIDER NO.		9. REFERRING PHYSICIAN'S NAME		10. DATE CLAIMANT FIRST CONSULTED PROVIDER FOR THIS CONDITION			
11. DIAGNOSIS CODE (ICD-9-CM)/DESCRIPTION 1. 2. 3.							
12. PRIOR AUTHORIZATION NO. <i>94343/348</i>		13. IF EMERGENCY CHECK HERE <input type="checkbox"/>		14. PATIENT ACCOUNT NO.		15. PROVIDER NO. <i>550646165</i>	
16. CHECK HERE IF PAYMENT IS TO BE MADE TO CLAIMANT <input type="checkbox"/>		17. PAYEE NO.		18. PAYEE NAME AND ADDRESS			
19. SERVICE DATE	20. PROCEDURE CODE	21. MOD CODE	22. DESCRIPTION		23. CHARGES	24. UNITS	25. T.O.S.
<i>01-05-95</i>	<i>27777</i>				<i>250.00</i>	<i>1</i>	<i>3</i>
<i>01-05-95</i>	<i>73610</i>	<i>00</i>	<i>(L) ankle</i>		<i>60.00</i>	<i>1</i>	<i>3</i>
<i>01-05-95</i>	<i>76499</i>	<i>00</i>	<i>(L) ankle - stress view</i>		<i>17.00</i>	<i>1</i>	<i>3</i>
27. As provided by statute, this is to certify that the services were rendered as outlined above and that no other or additional charge for such treatment, appliance, or service has been or will be made against any person, firm, or corporation. <i>H.M. Hills Jr., M.D. 01-05-95</i>				28. TOTAL CHARGE <i>327.00</i>		29. AMOUNT PAID <i>- - -</i>	
30. PROVIDER OR CLAIMANT SIGNATURE <i>H.M. Hills Jr., M.D.</i>				30. BALANCE DUE <i>327.00</i>			
31. REMARKS				32. PROVIDER NAME, ADDRESS AND TELEPHONE NO. <i>H.M. HILLS, JR., M.D. UNION SQUARE - 1 MONONGALIA CHARLESTON, W.V. 25302 (304) 343-5144</i>			

500688.076.0007

H. M. Hills, Jr. M.D.

FELLOW

American
Academy
Disability
Evaluating
Physicians

August 24, 1995

Orthopedic Surgeon

F.A.C.S. - A.A.O.S.

Union Square - 1 Monongalia

Charleston, WV 25302-2309

(304) 343-5144

FAX# 343-1738

FELLOW

National
Association
Disability
Evaluating
Professionals

Bureau of Employment Programs
Workers' Compensation Division
4700 MacCorkle Avenue, S.E.
Charleston, WV 25304-1964

Attn: Gregory Hughes

RE: Christopher Wayne Lester

CL#: 950006803

SS#: [REDACTED] 3340

DOI: 08/10/94

Dear Mr. Hughes:

The above captioned patient was reexamined on August 24, 1995. He was previously seen and report rendered dated January 5, 1995.

This patient initially was injured August 10, 1994 when he turned his left ankle and fell into a hole injuring his back and left ankle. He was seen in the emergency room at Boone Memorial Hospital by Dr. Chinuntdet. X-rays showed a compression fracture of D11 and the left ankle x-ray was negative.

He was fitted with a brace and followed by Dr. Chinuntdet. There was some question of several fractures in the lower dorsal and upper lumbar spine according to the patient, however, only a report of the fractured body of D11.

X-rays taken at the time I saw him on January 5, 1995 showed a minimal compression fracture of the body of D11 with good firm union. When I saw this patient he had not reached his maximum degree of recovery and was still temporarily totally disabled and was to leave the brace off and to start on an exercise and stretching program for his back muscles. He was much too heavy. He had solid union of the fracture and needed to loosen up the scar tissue and needed a good back program.

Since that time he had gone to physical therapy and had some flare-up with activity. He has not been able to get any light work and has not returned to work at this time.

PAST MEDICAL HISTORY: Given in previous report and will not be repeated here at this time.

500688.076.0008

Gregory Hughes

-2-

Re: Christopher W. Lester

CHIEF COMPLAINTS: 1) pain in the mid and low back area; 2) sudden sharp pain in the epigastric region with twisting or turning; 3) pain referral from the back down to the calf area on the (R) leg; 4) numbness in the (R) leg off and on; 5) stiffness in the back; 6) weakness in the (R) leg and has fallen on several occasions; when seen before he was using a cane but he is going without the cane at the present time and has a little better walking ability; 7) difficulty controlling his bladder and soils himself occasionally.

PHYSICAL EXAMINATION: The patient stands 5' 7 1/2" tall and weighs 266 pounds with clothes on. He walks with a slow but equal gait. He has the power to walk on his toes and heels but it causes pain in the (R) low back; worse with walking on the toes than heels but present with both. He is able to do a partial deep knee bend approximately 40% of normal then has to stop because of pain in the low back area.

Examination of the back shows the patient standing with good posture, pelvis is level, and the spine straight. He has some tenderness over the lumbosacral joint area and to the (R) side of that and pain in the dorsal lumbar junction. No bony deformity or muscle spasm is noted.

He has forward flexion of 50 degrees with 25 degrees of that occurring through the pelvis and hips and remainder through the spine itself. He has hyperextension of 25 degrees with pain in the lumbosacral joint region. He has side bending right and left of 20 degrees with pain in the lumbosacral joint region.

Compression of the head and neck and elevation of arms over the head causes pain in the low back area which is non-organic. Straight leg raising test is 60 degrees on the (R) with negative Lasegue's but it causes pain in the low back area. Straight leg raising test is 70 degrees on the (L) with negative Lasegue's and again pain in the low back region.

He has moderately positive sacroiliac tests and moderately positive lumbosacral tests. He can flex his knees to just about 95 degrees on the (R) and 100 degrees on the (L). He had a moderately positive Lasegue's test on the (R); I felt at first it was a muscle tightness but I believe he is having actually some sciatic irritation.

Reflexes and sensation are intact to the lower extremities. Circulation is good with pulsations present. He has good power of dorsiflexion of great toes. He has some sensory loss of the (R) great toe area and the medial side of the foot and the medial side of the leg up to knee level. Pin-prick comes through on the lateral side but is diminished over that of the (L) leg.

Length of lower extremities measuring from the umbilicus to the internal malleolus:

38 3/4" bilaterally

Circumference of calves:

18 1/4" bilaterally

500688.076.0009

CHARLESTON AREA MEDICAL CENTER

Department of Medical Imaging
GENERAL DIVISION
501 Morris Street
Charleston, WV 25301
(304) 348-6044

NAME: LESTER, CHRISTOPH W
MRN:00301467
DOB: 71 00:00
Patient type: OP

PT. LOCATION:
SEX:M
Req. Phys: HILLS, HENRY M JR

HENRY M. HILLS, M.D.
COLUMBIA & MONONGALIA
CHARLESTON, WV
25302

Order: 9034 Result: 5723 Addendum: 0
Order Date/Time: 08/24/95 15:10
Requesting Service: GENERAL REFERRED OUTPATIENT

Reason: WITH SPOT OF D11
PELVIS

AP

LUMBAR SPINE ROUT AP,LAT,OBL

Examination of the lumbar spine reveals the vertebral body heights and disc spaces to be well maintained. Pedicles and spinous processes are intact. Soft tissues are unremarkable.

IMPRESSION:

Normal lumbar spine.

PELVIS

A single AP view of the pelvis reveals the bony structures to be intact. There is no evidence of fracture.

IMPRESSION

NORMAL PELVIS.

Dictated by: MARY H. MCJUNKIN, M.D.

Verified by: MARY H. MCJUNKIN, M.D. 08/24/95

Trans: PM2 08/24/95

**RADIOLOGY REPORT
VERIFIED**

Gregory Hughes

-3-

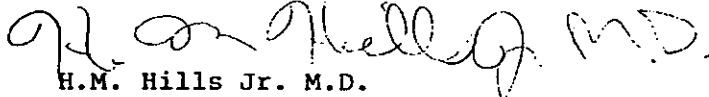
Re: Christopher W. Lester

With the patient sitting and dangling his legs he can have his knees extended fully but it causes pulling and hurting in the low back in doing so; worse with the (R) leg than the (L).

X-RAYS: Please see the report dated 8/24/95 from Charleston Area Medical Center.

OPINION: This patient does have evidence of radiculopathy with loss of sensation to the right lower extremity. There is evidence of sciatic irritation. This qualifies this patient for DRE III or 10% permanent partial disability. This, as always, according to AMA guidelines, Fourth Edition.

Yours Sincerely,


H.M. Hills Jr. M.D.

ADDENDUM: X-rays of the right knee taken in our office show no evidence of any pathology.

500688.076.0011



STYLE OF CASE: Michael W. Harris, et al.
vs.
Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Corporate Health Services
14186 MacCorkle Avenue SW
Charleston, WV 25303
(304) 388-1307

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688085-0050
THROUGH 500688085-0056.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

CORPORATE
HEALTH SERVICES

AFFILIATED WITH

Charleston Area
Medical CenterNAME: Christopher W. Lester Sr.SOCIAL SECURITY #: [REDACTED] 3340EMPLOYER: Dtm TruckingDATE: 7-4-00

RETURN TO WORK GUIDELINES

If the Employer is unable to provide the worker with the limited duty indicated, the worker should be placed off duty until the next scheduled physician's appointment.

DATE: 7-4-00DATE OF INJURY: 7-10-00

WORK STATUS:

1. Full Duty _____

(2) Limited Duty _____
not to lift more than 10 lbs
and no bending or twisting

3. Unable to Work _____

NEXT PHYSICIAN APPOINTMENT:

7-11-00 4113/00 @ 8:00am

RELEASE FROM TREATMENT: _____

Diagnosis:

1. acute low back
2. muscle strain
3. MS

COMMENTS:

1. No lift
2. No bending or twisting
3. No driving

TIME IN: _____

TIME OUT: _____

PHYSICIAN'S SIGNATURE

DATE

Occupational Medicine • (304) 348-1000 • 1418C MacCorkle Ave., SW • Charleston, WV 25303

CHS-0002 Rev. 1-99

500688.085.0050

CORPORATE
HEALTH SERVICES

AFFILIATED WITH



Charleston Area
Medical Center

NAME: Charles Lester

SOCIAL SECURITY #: [REDACTED] 3240

EMPLOYER: Otm Trucking

DATE: 3-27-00

RETURN TO WORK GUIDELINES

If the Employer is unable to provide the worker with the limited duty indicated, the worker should be placed off duty until the next scheduled physician's appointment.

DATE: 3-27-00

DATE OF INJURY: 3-16-00

WORK STATUS:

1. Full Duty _____

2. Limited Duty _____

3. Unable to Work _____

NEXT PHYSICIAN APPOINTMENT: Mon 4/3 9:30

RELEASE FROM TREATMENT: _____

Diagnosis:

1. Blow to the head

2. Concussion

3. Post-traumatic stress

COMMENTS: See notes

TIME IN: _____

TIME OUT: 1:40

PHYSICIAN'S SIGNATURE _____

DATE

4/4/00 27, 2000

Occupational Medicine • (304) 348-1000 • 1418C MacCorkle Ave., SW • Charleston, WV 25303

CHS-0002 Rev. 1-99

500688.085.0051

CORPORATE
HEALTH SERVICES

AFFILIATED WITH



Charleston Area
Medical Center

NAME: Chris Lester

SOCIAL SECURITY #: [REDACTED] 7340

EMPLOYER: D & H Trucking Corp.

DATE: 3-22-00

RETURN TO WORK GUIDELINES

If the Employer is unable to provide the worker with the limited duty indicated, the worker should be placed off duty until the next scheduled physician's appointment.

DATE: 3-22-00

DATE OF INJURY: 3-10-00

WORK STATUS:

1. Full Duty - Truck Driver
2. Limited Duty _____
3. Unable to Work 3-22-00

NEXT PHYSICIAN APPOINTMENT: Mon @ 9:00 am

RELEASE FROM TREATMENT: _____

Diagnosis:

1. Closed Head Injury, Concussion, Cervical Strain
2. Right Shoulder Sprain
3. Chest Wall Contusion

COMMENTS: _____

TIME IN: 2:20 pm

TIME OUT: 1:30

PHYSICIAN'S SIGNATURE

DATE

Occupational Medicine • (304) 348-1000 • 1418C MacCorkle Ave., SW • Charleston, WV 25303

CHS-0002 Rev. 1-99

500688.085.0052

CORPORATE
HEALTH SERVICES

AFFILIATED WITH:

Charleston Area
Medical CenterNAME: Christopher W. LesterSOCIAL SECURITY #: 3340EMPLOYER: DTM Trucking CorporationDATE: 3-14-00**RETURN TO WORK GUIDELINES**

If the Employer is unable to provide the worker with the limited duty indicated, the worker should be placed off duty until the next scheduled physician's appointment.

DATE: 3-14-00

DATE OF INJURY: _____

WORK STATUS:

1. Full Duty _____

2. Limited Duty _____

3. Unable to Work _____NEXT PHYSICIAN APPOINTMENT: Thurs 3/15 3:00 pm

RELEASE FROM TREATMENT: _____

Diagnosis:1. low back pain2. shoulder pain3. hand/wrist pain

COMMENTS: _____

Part 1 of Shoulder 3/14 at CAM - Memorial at 8pm
to register at front desk. Test will be done at 9pm

TIME IN: _____

TIME OUT: _____

PHYSICIAN'S SIGNATURE _____

DATE 3/14/00

Occupational Medicine • (304) 348-1000 • 1418C MacCorkle Ave., SW • Charleston, WV 25303

CHS-0002 Rev. 1-99

500688.085.0053

CORPORATE
HEALTH SERVICES

AFFILIATED WITH



Charleston Area
Medical Center

NAME: Christopher

SOCIAL SECURITY #: [REDACTED] 3346

EMPLOYER: D+R Trucking Corp. Inc.

DATE: 3-15-00

RETURN TO WORK GUIDELINES

If the Employer is unable to provide the worker with the limited duty indicated, the worker should be placed off duty until the next scheduled physician's appointment.

DATE: 2/1/00

DATE OF INJURY: _____

WORK STATUS:

1. Full Duty _____

2. Limited Duty _____

3. Unable to Work _____

NEXT PHYSICIAN APPOINTMENT: 3:22:00 2/5

RELEASE FROM TREATMENT: _____

Diagnosis:

1. _____

2. _____

3. _____

COMMENTS: 7/1/01 7/1/01

TIME IN: _____

TIME OUT: 3:35

PHYSICIAN'S SIGNATURE

DATE

Occupational Medicine • (304) 348-1000 • 1418C MacCorkle Ave., SW • Charleston, WV 25303

CHS-0002 Rev. 1-99

500688.085.0054



1418-C MacCorkle Avenue, SW
Charleston, West Virginia 25303
(304) 348-1000

REFERRAL FORM

Referral to: Spine Medicine

Patient Name: Michael J. Smith

Primary Diagnosis: Disc herniation and neural chain Onset: _____

Referring Diagnosis: _____ Onset: _____

X-ray or Special Test Findings: _____

Special Instructions/Precautions: _____

Frequency/Duration/Or as Indicated by PT Evaluation: _____

Treatment Goals:	Improve	Decrease
_____ Strength	_____ Pain	
_____ Endurance	_____ Swelling	
_____ Range of Motion	_____ Paresthesia	
_____ Coordination		
_____ Mobility		
_____ Gait: NWB PWB FWB		

Date to Return to Physician: _____ Date to Return to Work: _____

Physician Signature: John M. Smith, MD Date: 1/4/00



1418-C MacCorkle Avenue, SW
Charleston, West Virginia 25303
(304) 348-1000

REFERRAL FORM

Referral to: Sports Medicine - Krone Memorial Tues 3/26/00 10:30 AM

Patient Name: Christopher Lester

Primary Diagnosis: Acute Ankle Sprain Onset: _____

Referring Diagnosis: Acute Ankle Sprain Onset: _____

X-ray or Special Test Findings: _____

Special Instructions/Precautions: _____

Frequency/Duration/Or as Indicated by PT Evaluation: _____

Treatment Goals:	Improve	Decrease
_____ Strength	_____ Pain	
_____ Endurance	_____ Swelling	
_____ Range of Motion	_____ Paresthesia	
_____ Coordination		
_____ Mobility		
_____ Gait: NWB PWB FWB		

Date to Return to Physician: _____ Date to Return to Work: _____

Physician Signature: [Signature] Date: 3/27/00

Goal - R ankle for 2wks



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Luis Alberto Loimil, M.D.
3510 MacCorkle Avenue SE
Charleston, WV 25304
(304) 925-6961

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688018-0001
THROUGH 500688018-0005.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

VALLEY ORTHOPAEDIC SURGEONS, P.L.L.C.**LUIS A. LOIMIL, M.D.**

FID: 311568166

3510 MacCorkle Ave., S.E.
Charleston, WV 25304(304) 925-6961
FAX (304) 925-2619

NAME	LESTER, Christopher W.	AGE	28	SEX	M	DOB	03/10/71
ADDRESS	P.O. Box 1113	SS	[REDACTED]-3340				
	Danville WV 25053	MARITAL STATUS	M	SPOUSE'S NAME	April		
PHONE	(304) 369-6657	DOI	03/10/2000				
RESPONSIBLE PARTY	Christopher W.	INSURANCE	WV Workers' Comp 2000046841				
EMPLOYER (1)	D&M Trucking	REFERRED BY	John M. Snyder, D.O./Workers' Comp				
(2)							
EMPLOYER'S ADDRESS & PHONE #							
	Dx (L) SHOULDER - Rotator cuff injury						

10/17/2000 - Office

C. COMPLAINT:

One time consultation per the request of John M. Snyder, D.O. and authorized by Nena Peay, Claims Rep. at Workers' Comp by letter dated 08/21/2000, authoz. #100231133 regarding pain in the (L) shoulder.

INTRODUCTION:

Mr. Lester works as a truck driver for D&M Trucking. His date of injury was 03/10/2000; he has been off work since that date and states he has filed for disability Social Security. His attorney is Stuart Calwell. The last doctor he saw for this condition was Dr. Snyder, his PCP in Madison WV some time around 10/09/2000 for follow-up of his neck and back; to return in two weeks.

**HPI & RECORD
REVIEW:**

Mr. Lester states that on 03/10/2000 he was at work when he fell off a truck, injuring his (L) shoulder, mid back and ribs; He apparently lost consciousness. He was taken to the e.r. at CGH where x-rays were taken and he was referred to HealthPlus; he was treated there for two weeks and was then referred to Dr. Snyder, his family physician who he saw on 04/07/2000. He was referred for PT treatments at Boone Mem. Hosp. which helped. He had the x-rays repeated on 08/30/2000 and a MRI was done on 09/12/2000. Dr. Snyder now requested this consultation regarding his (L) shoulder.

On review of the records there is an x-ray report of the cervical spine dated 03/10/2000 at CAMC and these are within normal limits. There is an x-ray of the (L) shoulder, same date and this was normal. X-rays of the lumbar spine, same date, are normal. CT-scan of the cervical spine, same date, showed no evidence of acute fracture or subluxation.

OVER.....

500688.018.0001

CHRISTOPHER W. LESTER
SS: [REDACTED] 3340
BP: [REDACTED] 71

WV WORKERS' COMP
CLAIM #: 2000046841
DOI: 03/10/2000

10/17/2000 cont'd: COMMUNICATION: SPEAK & WRITE - Pain in (R) arm with writing.
POSTURE: STAND & SIT - He has pain in his back and (L) shoulder and numbness of his (L) arm.
CARING FOR THE HOME & PERSONAL FINANCES - He has to have a babysitter for his children even though he is home.
WALK, TRAVEL & MOVE ABOUT - His knees give way and he has back pain.
RECREATIONAL & SOCIAL ACTIVITIES - None.
WORK ACTIVITIES - He is not working at the present time.

PAST INJURIES: He states he had a previous injury to his thoracic spine in 1994 from a mobile home accident.

WORK HISTORY: He has worked for D&M Trucking since October 1998. He has done logging, mine supply delivery and worked in a hardware store.

WORK DESCRIPTION: He hauls coal, climbs on a truck, changes tires, rolls and loads tarp and pushes coal off.

EXAM: On examination of the (L) shoulder he is walking with a cane in his (R) hand due to his other injuries. He is tender on palpation of the entire (L) shoulder, especially the rotator cuff. The grip strength is 60-55-55 kilograms in the (R) and 15-12-10 in the (L). The pinch strength is 8-8-8 kilograms in the (R) and 3-3-3 in the (L). The (R) upper arm measures 41½ centimeters in circumference; the (L) is 40. The (R) forearm measures 33½ centimeters in circumference; the (L) is 31. He is (R) handed.

Regarding the ROM of the (L) shoulder abduction is 50 degrees and adduction is 20; flexion is 40 degrees and extension is 30; internal rotation is 70 degrees and external rotation is 40. He has a full ROM of his elbow and wrist with pain. He has numbness in the ulnar nerve territory with a positive Tinel sign in the (L) elbow. He has obvious weakness of abduction of his (L) shoulder and pain in the rotator cuff area.

X-RAYS: I reviewed x-rays taken at Boone Mem. Hosp. on 08/30/2000. The (L) AC joint is within normal limits and the (L) shoulder is within normal limits.

DX: It is my impression that due to the persistence of the pain, limitation of the ROM and weakness of abduction, he could have a rotator cuff injury with tear.

OVER.....

500688.018.0002

CHRISTOPHER W. LESTER
SS: [REDACTED]-3340
BD: [REDACTED] 71

WV WORKERS' COMP
CLAIM #: 2000046841
DOI: 03/10/2000

10/17/2000 cont'd: There is a report from Dr. Snyder dated 04/07/2000; his diagnosis was cervical and lumbar strain as well as (L) shoulder strain and contusion. He was placed on conservative care with Motrin, Flexeril and Vicodin and PT. There is another note from him dated 04/20/2000; pretty much the same. He was seen again on 04/26/2000; the same. On 05/10/2000 nothing had changed; he continued to have trouble with his shoulder. He was seen again on 05/24/2000 and was doing about the same. He was advised to continue with PT and an appt. was requested with me for evaluation of his (L) shoulder. There is another note dated 06/09/2000; to continue with the same treatment. On 06/21/2000 he was advised to discontinue the PT treatments. On 07/10/2000 he was awaiting the consultation with me; same for 07/31/2000. On 08/28/2000 he was scheduled to have a MRI done. He was seen again on 09/05/2000 and was doing the same. On 09/13/2000 the report states a MRI and EMG were pending. On 09/26/2000 he stated the MRI was negative. On 09/29/2000 he refers to ongoing low back pain, anxiety and depression.

I reviewed PT progress notes dated 04/20/2000 through 06/19/2000; these are signed by Tricia McClung, PT. The note dated 06/19/2000 states the patient continues to report neck, low back and (L) shoulder pain with no significant increase in the ROM.

On 08/02/2000 he was evaluated by Saghir R. Mir, M.D. His recommendations were orthopaedic and neurosurgical consults as well as consult for pain management. He recommended PT for the neck, back and (L) shoulder and he deferred his impairment rating.

I reviewed an x-ray report of the (L) shoulder taken at Boone Mem. Hosp. on 08/30/2000; this was done with and without weights and there was no evidence of AC separation.

I reviewed a report of a MRI done at Boone Mem. Hosp. on 09/12/2000; the cervical spine was normal and the lumbar spine was normal. Apparently there is an EMG pending; I do not have the report or know if it has even been done yet.

REVIEW OF
SYSTEMS:

HEENT - He was involved in a motorcycle accident in 1987 and sustained a cerebral concussion and was unconscious for two days.
PULMONARY - He has asthma.

OVER.....

500688.018.0003

CONTINUATION of RECORD on CHRISTOPHER W. LESTER

Page Two

SS: [REDACTED]-3340

BD: [REDACTED] 71

WV WORKERS' COMP

CLAIM #: 2000046841

DOI: 03/10/2000

10/17/2000 cont'd: **CARDIO CIRCULATORY** - Negative.
GASTROINTESTINAL - He has question of irritable bowel syndrome.
GENITOURINARY - Negative.
MUSCULOSKELETAL - Neck, back and (L) shoulder pain.
NEUROPSYCHIATRIC - He was seen by Dr. Amores on 10/03/2000 for a consultation regarding his neck and back and he was told to have a strain.

He denies previous psychiatric treatment.

**PRESENT CONDITION
& COMPLAINTS:**

He has pain in his (L) shoulder and numbness in his ring and little fingers and down the lateral aspect of his arm. He has shooting pain deep in the shoulder and he cannot apply pressure without pain. He has decreased ROM. He states he needs to use a cane in his (L) hand but is unable to. He has pain in his sholder blade up into his neck area.

**HEALTH & SOCIAL
HISTORY:**

AGE: Twenty-eight.
MARITAL STATUS: Married.
CHILDREN: Three.
EDUCATION: High school graduate.
ALCOHOL: No.
TOBACCO: No.
GENERAL HEALTH: Good.

HEIGHT: 5'8"
WEIGHT: 284 lbs.
METAL: None.
MEDICATIONS: Paxil, Ativan, Vicoden ES, OxyContin, Vioxx, Flexeril & Motrin.
ALLERGIES: None.
FAMILY PHYSICIAN: Dr. John Snyder.

He is (R) handed.

**DAILY LIVING
ACTIVITIES:**

SELF CARE & PERSONAL HYGIENE - He has difficulty going to the bathroom and unbuttoning his pants.
EAT & PREPARE FOOD - He has trouble eating with his (L) hand; he is (R) handed.

OVER.....

Luis A. Lolmil, M.D.

500688.018.0004

CONTINUATION of RECORD on CHRISTOPHER W. LESTER

Page Three

SS: [REDACTED] 3340

BD: [REDACTED] 71

WV WORKERS' COMP
CLAIM #: 2000046841
DOI: 03/10/2000

10/17/2000 cont'd: Due to the inability to ascertain a tear of the rotator cuff on x-rays, I feel he needs to have a MRI done of the (L) shoulder. I will accept him in transfer for treatment of his (L) shoulder if that is what you want me to do and if this is authorized, please authorize the MRI. The plan of treatment will be determined after the results of the MRI are obtained.

REVIEW OF
RECORDS:

In preparing this report I reviewed the following records:

- 1) X-ray, CT-scan & MRI reports from Boone Mem. Hosp. dated 03/10/2000, 04/10/2000, 08/30/2000 and 09/12/2000;
- 2) Records from Dr. Snyder dated 04/07/2000 through 09/29/2000;
- 3) Dr. Mir's IME report, dated 08/02/2000.

This evaluation was done following the Rules & Regulations of WV Workers' Compensation, in the presence and with the cooperation of Tammy Hylenski, Med Tech. Luis A. Loimil, M.D./dr

NOTE:

11/16/2000 - Copy of report mailed to Workers' Comp and Dr. Snyder. dr

Luis A. Loimil, M.D.

500688.018.0005



STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Intracorp
3567 Pkwy. Lane, Suite 200
Norcross, GA 30092
(800) 367-5826

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENTS CAN BE IDENTIFIED BY NUMBERS 500688112-0001
THROUGH 500688112-0002.

THE MARKER-HOFF GROUP, INC

13105 NORTHWEST FREEWAY SUITE 300 HOUSTON TEXAS 77040 (T) 713 460 9070 (F) 713 460 6519 800 264 9070

WWW.MARKER-HOFF.COM

3567 PKWY LN
STE 200
NORCROSS, GA 30092
(888) 440-7342
Attn:

SEPTEMBER 05, 2003 ACORDIA NATIONAL
P O BOX 2451
CHARLESTON, WV 253292451

ACORDIA NATIONAL	Patient:	CHRISTOPHER LESTER	Payor:
Participant ss#: [REDACTED]	Plan Participant:	APRIL LESTER	
Employer:	WV PEIA	Case Reference #:	21583411
Facility:	BOONE MEM HOSP	Admit Date:	11/30/2000

This inpatient admission is subject to the Health Care Payor's Inpatient Review program with Intracorp.

The admission has been authorized as medically necessary so this satisfies the requirements of the program.

We may need to contact the treating physician periodically during the hospital stay to discuss this patient's progress. Please notify us at the number below if there is any change in the scheduled date of admission or discharge so that we can review the date for contacting the treating physician accordingly.

The treating physician, health care payor, and hospital business office have been notified of this determination. By contract with its customer, Intracorp must review all services and treatments for plan participants. Benefits are subject to eligibility requirements and contract limitations and must be verified with the health care payor.

Sincerely,

C:
APRIL LESTER
JOHN SNYDER
BOONE MEM HOSP

500688.112.0002